

OCT-21-99 THU 16:34

779 CLOSURE PROJECT

FAX NO. 303 966 2864

P.02

Rocky Flats Deficiency / Commitment Tracking System

Page: 1 of 1

PATR_CMID

CAP Identification Form

Date: 10/21/1999 02:17 PM

IDENTIFICATION

PATS Identification No: 1999-001891

Plan No: 01

Identification Date: 10/18/1999

Entry Date: 10/18/1999

Location(Bldg): 779

Specific(Room,etc):

Short Desc (Plan Title): 779 DEMOLITION PRE-MR FINDING ON OPERATIONS ORDER, OO-779-153

Detailed Desc (Plan): combustible control inspections for the B779 Complex as delineated by OO-779-153 do not directly correspond to status of the facility. The procedure needs to be changed to reflect actual facility status and procedural activities performed due to status.

Requirement: KH

Requirement ID: POLICY OR PROCEDURE

Requirement Desc: MAN-066-COOP-, Chapter 5.C

Audit/Assessment Title: RMRS B779 Demolition Pre-MR

Ident Process Code(Origin): SELF

Reference ID: FY00-008-RMRS

000110984



IDENTIFIER

Identifier Signature: _____

Name: DUANE SNYDER

Emp #: _____

Signature Date: 10/18/1999

Ext: _____ Org: CIPR6100

RESPONSIBLE MANAGER

Responsible Manager's Signature: _____

Name: THOMAS DIETER

Emp #: _____

Signature Date: 10/21/99

Ext: 5729 Org: CIPR3200

___ Deficiency Accepted

___ Deficiency Invalid

___ Incorrect Manager/Department

CHARACTERIZATION

Significance Level: N/R

Category: D

Class: ADMIN

Generic Implications? y

Cause: PROCEDURE Causal Factor:

Compensatory Measures:

ACTION PLAN TYPE

(Choose only one):

(1) Actions Taken:

(2) Actions to be Taken: REVISE OPS ORDER OO-779-153

(3) Complex Action required:

TBD Reason:

Completion Date

Due Date: 11/15/99

Plan Due Date:

PLAN MANAGER (If different than Responsible Manager)

Plan Manager's Signature: _____

Name: _____

Emp #: _____

Signature Date:

Ext: _____

Org: _____

RESPONSIBLE MANAGER'S COORDINATOR

Name: GIOLIA JACOBS

Emp #: _____

Ext: 5121

Org: CIPR3200

REMARKS:

"TRN" Status

ADMIN RECCRD

RECEIVED
10/22/99

IA-A-000552

10/22/99

y 60

SIGNIFICANCE SCREEN

Significance of the deficiency is determined by estimating its impact, if not corrected, on: workers or public health & safety; the environment; protection of the site; planned or scheduled site activity; regulatory or customer compliance stature; or contract and performance incentive.

Instructions for completing the Significance Screen:

PATS Identification No. 1999-001691

1. Select and circle the consequences of occurrence of the deficiency from the table below.

CONSEQUENCES	DEFINITIONS
Catastrophic	Death; loss of entire system; loss of facility or plant; loss of SNM; offsite environmental damage; regulatory intervention with stoppage of work.
Critical	Permanent disability or health damage; onsite environmental damage; significant breach of security; loss of use of system or facility for ≥ 3 months; regulatory fines or punitive action within a program or operation; total loss of performance incentives.
Important	Injury requiring hospitalization or emergency room treatment; partial loss of use of system or facility; immediately detected and recoverable onsite environmental damage; regulatory attention heightened; compromise of classified material; impacts on performance incentives.
<u>Minimal</u>	Minor injury; minor system or process damage; environmental threat or minimal damage; noncompliance items with low potential of regulatory impact; security infractions; potential impact on performance incentives.

2. Select and circle the likelihood of recurrence of the deficiency, if not corrected, from the table below.

LIKELIHOOD	DEFINITION
Probable (Within 1 year)	Condition exists or is expected to occur; barriers are expected to fail; same or similar failure likely to occur often during the life of a facility, operation, or activity.
Possible (Within 3 years)	Condition can be expected to exist; barriers can be expected to fail; similar failure can be expected - likely to occur several times in the life of a facility, operation, or activity.
Potential (Within 10 years)	Condition could exist; barriers could fail; similar failure could occur - likely to occur at least once in the life of a facility, operation, or activity.
<u>Improbable (> 10 years)</u>	Condition could occur, but remote; barrier failure could occur, but remote; similar failure could occur, but remote - not likely to occur in the life of a facility, operation, or activity.

3. Using the likelihood and consequences selected from the charts above, determine from the chart below the significance of the deficiency and record it in the space provided below.

LIKELIHOOD	CONSEQUENCES			
	Catastrophic	Critical	Important	Minimal
Probable	H	H	H	L
Possible	H	H	L	NR
Potential	H	L	L	NR
Improbable	L	NR	NR	<u>NR</u>

H = High significance L = Low significance NR = Minor

Significance	Tracking Requirements
High	SHALL be tracked in PATS
Low	SHALL be tracked in PATS or other approved tracking system as listed in Appendix 1
Minor (NR)	Optional, not required to be tracked (Non-Recordable); may be tracked at Management's discretion

4. Record the significance of the deficiency in the space provided and in space 14 of the CAP Identification Form.
Significance Level NR
5. Forward the completed significance screen to CA/PATS, Building T130G.
6. Refer to Appendix 6 for the corrective action elements required based on the significance level.

Responsible Manager/signature

[Signature]

Date: 10/21/99

CAP IDENTIFICATIONPATS Identification No.: **1999-001691** Plan No.: **01**Identification Date: **10/18/99**General Location (Bldg.): **B779**Specific Location (Room, etc.): **N/A**Short Description of Deficiency (Plan Title): Blank **779 Demolition Pre-MR finding on Operations Order, 00-779-153.**Detailed Description (as needed): **Combustible Control inspections for the B779 complex as delineated by 00-779-153 do not directly correspond to status of the facility. The procedure needs to be changed to reflect actual facility status and procedural performance as activities performed due to status.**Requirement: **MAN 066-COP, Chapter 5.c.**Audit/Assessment Title: **RMRS B779 Demolition Pre-MR**

Identification Process Code (Origin):

Reference Number: **RMRS FY00-008-RMRS**Identifier Name: **Duane L. Snyder**Signature: **Duane Snyder**Date: **10/18/99**Emp. No.: **[REDACTED]** Ext.: **5948**

Org. Code:

RESPONSIBLE MANAGERResponsible Manager Name: **Tom Dieter**

Emp. No.:

Ext.:

Org. Code:

Signature:

Date: **1 / 1**☐ Deficiency Accepted☐ Deficiency Invalid☐ Incorrect Manager/Department**CHARACTERIZATION**

NOTE: Characterization is automatically inserted as task one in plan one unless all fields are Completed prior to submitting this CAP to PATS entry personnel.

Price Anderson Amendments Act Applicability

☐ Yes ☐ No

Screen Number _____

Significance Level: (Circle One)

☐ High ☐ Low ☐ Minor

Class: (choose all that apply)

☐ Safeguards and Security☐ Environmental☐ Health & Safety☐ Nuclear Safety☐ Training☐ Administrative☐ Criticality Safety☐ Radiological☐ Waste☐ VSS Operability☐ Material/Equip. Spec./Installation☐ Fire Safety

Generic Implications

☐ Yes ☐ No

(evaluate as NCR)

Cause Category: (choose only one)

☐ Procedures☐ Communication☐ Work Environment

NTS Related

☐ Yes ☐ No☐ Training☐ Equipment☐ Personnel

WIPP Related

☐ Yes ☐ No☐ Management Systems☐ Design☐ Rad. or Haz. Material

Causal Factors (HIGH Significance Level Only)

☐ External Phenomena**ACTION**

Action Plan Type (choose only one):

Compensatory measures:

(1) Actions Taken:

Completion Date: **1 / 1**

(2) Actions to be Taken:

Date of Actions to be taken: **1 / 1**

(3) Corrective Action Plan Required:

Plan Due Date: **1 / 1**

TBD reason:

PLAN MANAGER (If different than Responsible Manager)

Plan Manager Name:

Signature:

Date: **1 / 1**

Emp. No.:

Ext.:

Org. Code:

PATS ENTRY COORDINATOR

CAC Name:

Emp. No.:

Ext.:

Org. Code:

COMMENTS: **"INP" Status****DPUB**

RECEIVED

10/19/99

PATR_DATA_VIEWER

Status Revision/Completion Form

DEFICIENCY & ACTION REQUEST INFORMATION

PATS Ident No.: 1999-001091

Prefix: CINT

Ref ID No.: FY00-008-RMRS

Ident Process Cd/Origin: SELF

TYPE OF CHANGE

<u>N/A</u> 1. Action Plan Due Date Change	<u>N/A</u> 2. Task Due Date Change
<u>N/A</u> 3. Plan Manager Change	<u>N/A</u> 4. Task Manager Change
<u>N/A</u> 5. Cancellation	<u>X</u> 6. Task Certificate of Completion
<u>X</u> 7. Plan Certificate of Completion	<u>N/A</u> 8. Other

PLAN INFORMATION

Plan No.: 01

Status: OPN

Deficiency Description/Plan Title

779 DEMOLITION PRE-MR FINDING ON OPERATIONS ORDER, OO-779-153

Plan Due Dt:

Revised Plan Due Dt: N/ADate all Corrective Actions Completed: 11/05/99

TASK INFORMATION

Task No.: 01

Status: OPN

Task Description: REVISE OPS ORDER OO-779-153

Task Due Date: 11/15/1999

Revised Task Due Dt: N/ADate Task Completed: 11/05/99

Justification of Change or Completion Documentation: REQUEST CLOSURE - OPERATIONS ORDER 779-153, PAR. 12, EFFECTIVE 10/24/99. DOCUMENTS SUBMITTED: SUMMARY OF CHANGES, PAGE 8, 5.0 NOTE, AND PAGE 9, LINE 7. ALL REFER TO MARK APPENDIX "N/A" DUE TO DEMOLITION.

TASK MANAGER

Current Organization: CPIR3200

Employee No: [REDACTED]

Name: DIETER, THOMAS

New Organization:

Employee No: [REDACTED]

Name: J. HamrickSignature: [Signature]Date: 11/5/99

(Note: Task completion requires task manager's signature only)

PLAN MANAGER

Current Organization: CPIR3200

Employee No: [REDACTED]

Name: DIETER, THOMAS

New Organization:

Employee No: [REDACTED]

Name: J. HamrickSignature: [Signature]Date: 11/5/99

(Note: Plan manager's signature required for all task revisions & plan completions)

JUSTIFICATION (for signatures of people other than Plan Manager or Task Manager)

Julia Hamrick authorized to sign for T. Dieter 11/05/99 Tom Dieter on vacation

CONCURRENCE/VERIFICATION (Cancellation requires Identifier's Concurrence)

Date: _____

Organization/Title: [Signature]

Name/Signature: _____

PROCESSED BY (If different than Task/Plan Manager)

Organization: CPIR3200 Employee No: [REDACTED]Ext: 5121Date: 10/28/99Name: GLORIA JAMES

APPROVED PATS ENTRY PERSONNEL

Entered By: [Signature]RECEIVED
11/05/99Date: 11/05/99

**779 CLUSTER DEACTIVATION
OPERATIONS ORDER**

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Revision: 12
Effective Date 10/26/99
Expiration Date: 02/29/00
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SUMMARY OF CHANGES:

- 1) Revised header to reflect Rev. 12 and new effective date 10/26/99.
- 2) Marked as INTERIM, will delete interim upon PRC approval of OO.
- 3) Page 2, Section 2.0, last sentence, changed Revision 10 to 11.
- 4) Page 5, Section 3.2, Step C, changed to read "Fuel packages (defined in Section 4.0) SHALL be separated from each other by a minimum distance of 15 feet in size reduction rooms in Building 779; or they SHALL be separated from each other by a minimum of 8 feet in size reduction areas in other buildings."
- 5) Changed column in Appendix 1A page 13 to match new Step 3.2 C.
- 6) Page 5, NOTE, changed reference to FHA-779-003, Rev. 0. Same in Reference section.
- 7) Page 4, added new Step 3.1 Q. Changed Appendix 1B & Appendix 2 to reflect Step 3.1 Q.
- 8) Page 8-9, Reworded NOTE & Steps [1] through [6] to allow the marking (N/A) on the Appendices for rooms being demolition.

PRC changes:

- 9) Reworded Step 3.1 Q "Storage of waste drums should be arranged such that a minimum separation distance of 5 ft is maintained between waste drums and waste crates and/or any transient combustible materials stored in the same room or area. Changed Appendix 1B & Appendix 2 to reflect Step 3.1 Q.
- 10) Moved expiration date out to 02/29/00.
- 11) Appendix 1A, revised column "ROOM" to reflect current status.
- 12) Appendix 1C, revised column "SCA Room or Duct/Plenum Area" to reflect current status.

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4.0 DEFINITIONS

Fuel Packages. An amount of combustible materials that has the potential for generating a significant amount of heat and/or flames and requires special handling. The following are examples of a fuel package:

- A. Two full or empty wooden LLW crates (4 ft X 4 ft X 7 ft)
- B. One size reduction tent or one size reduction tent in conjunction with one crate containing combustible materials. The crate containing combustibles may be wood or metal and may be located next to or inside the tent.
- C. 50 ft³ of plastic material
- D. Five polyethylene drum liners

Any similar material of equivalent size, for example lumber or items made of wood containing the equivalent amount of wood as two full or empty wooden LLW crates or plastic materials with the equivalent volume of five polyethylene drum liners.

5.0 DIRECTIONS, INSTRUCTIONS, AND INFORMATION

NOTE: *For each appendix, all rooms listed must be completely filled out, as the criteria listed in each appendix is unique. However, for rooms undergoing demolition, N/A may be entered into the appendix.*

Fire Safety Officer or Designee

- [1] Weekly, inspect size reduction rooms to verify compliance with combustibles controls using Appendix 1A. The rooms listed may be marked N/A if there is no size reduction on-going. Rooms being used for size reduction may be added by the CCA.
- [2] Weekly, inspect secondary confinement areas and filter plenum areas to verify compliance with combustibles controls using Appendix 1B. The inspection may be N/A'd for rooms undergoing demolition.

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- [3] Weekly, inspect **OPERATIONALLY CLEAN** areas to verify compliance with combustibles controls using Appendix 1C. The list of **OPERATIONALLY CLEAN** areas **SHALL** be derived from the **OPERATIONALLY CLEAN** Status Board in the CCA's office.
- [4] Monthly, inspect the facility (i.e., secondary confinement areas, filter plenum areas, and balance of building 779) to verify compliance with combustible controls using Appendix 2. The inspection may be N/A's for rooms undergoing demolition.
- [5] Weekly, inspect areas affected by sprinkler system deficiencies or impairments to verify compliance with combustibles controls using Appendix 3. The inspection may be N/A'd for rooms undergoing demolition.
- [6] Weekly, inspect areas affected by periphery containment barrier deficiencies to verify compliance with combustibles controls using Appendix 4. The inspection may be N/A'd for rooms undergoing demolition.

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CONCURRENCE

/s/ M. Zachary 10/05/99
INDUSTRIAL HYGIENE & SAFETY Date

/s/ J. Hamrick 10/12/99
TECHNICAL SUPPORT MANAGER Date

/s/ R. Cronin 10/04/99
NUCLEAR SAFETY Date

/s/ M. Starck 10/05/99
ENGINEERING Date

N/A
NUCLEAR MATERIALS SAFEGUARDS Date

N/A
TRAFFIC MANAGEMENT Date

/s/ T. Hergert 10/04/99
FIRE SAFETY OFFICER Date

/s/ D. Tomecek 10/05/99
FIRE PROTECTION ENGINEERING Date

[Signature] 10/26/99
PLANT REVIEW COMMITTEE Date

PAC 779-138

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Category: ☐ Administrative ☒ Technical ☐ Interim

Approved By: _____ Date: _____
Work Authorization Manager

☐ Convert to Procedure by N/A N/A
Date Assigned Manager

NOTE: *If this box is marked, the Assigned Manager has the responsibility to see that a procedure is drafted, approved, and issued before expiration of the Operations Order.*

☒ Required Reading Files: CCAs, WATM, and FSO
Indicate Additional Distribution

COMBUSTIBLE MATERIAL CONTROLS
FOR THE 779 CLUSTER D&D ACTIVITIES

NOTE *This Operations Order contains Basis for Interim Operation (BIO)-related information. Any changes made to this Operations Order **SHALL** be approved by the Technical Support Manager and reviewed by a qualified Unreviewed Safety Question (USQ) Evaluator.*

1.0 PURPOSE

This Operations Order addresses the combustible material controls that are required to perform baseline and decontamination and decommissioning (D&D) activities. This Operations Order implements combustible material controls contained in the 779 Cluster Basis for Interim Operation (BIO). The controls in this Operations Order are required to maintain previously analyzed combustible control configuration while performing D&D activities.

REVIEWED FOR CLASSIFICATION/UCNI

BY: _____

CONTROLLED COPY NO. _____ DATE: _____

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2.0 SCOPE AND APPLICABILITY

This Operations Order applies to personnel involved in the storage, use, and handling of combustible materials. Preventive measures **SHALL** be taken to preclude fires within the 779 Cluster, including but not limited to the control of combustible material as low as reasonably achievable. This revision supersedes OO-779-153, Revision 11.

3.0 LIMITATIONS AND PRECAUTIONS

3.1 General Building Combustible Material Controls

NOTE: *Restrictions for storing or staging wooden LLW crates on the East Dock or outside Building 779 are covered by 00-779-157, Inventory and Material Management Controls for Building 779 D&D Activities. (AC 5.7.3.1.b)*

- A. Periodic (monthly) fire prevention inspections **SHALL** be conducted in accordance with the Health and Safety Practices Manual (HSP), 1-H07-HSP-31.06, Fire Prevention Inspections. (AC 5.7.2.1)
- B. Fire watches **SHALL** be conducted in accordance with 1-V60-HSP-34.06, Compensatory Measures and Fire Watches. (AC 5.7.2.2)
- C. Combustible materials **SHALL** be controlled in accordance with 1-X93-HSP-31.04, Controlling Introduction of Combustibles. (AC 5.7.2.3)

Partitions, furniture, bookcases, and shelves located in SCAs **SHALL** be constructed of noncombustible materials, unless approved and noted by Fire Protection Engineering (FPE).

- D. Areas used to store combustible consumable materials (e.g., cardboard boxes containing D&D materials, plastic sheeting, and tent material) **SHALL** meet the following requirements (Section 5.1 of 1-X93-HSP-31.04; AC 5.7.2.3):
 - Combustible consumable materials **SHALL** be stored in rows no more than 5 feet 6 inches high, and no more than 5 feet 6 inches wide.
 - The rows **SHALL NOT** be adjacent to more than one wall (the end of the rows may touch the walls on only one side of a room).
 - The rows **SHALL** be separated from other rows, the three nonadjacent walls, and electrical panels by a minimum of 3 feet separation.

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- E. Flammable liquids **SHALL** be stored in accordance with 1-H06-HSP-32.02, Flammable and Combustible Liquids in Storage Cabinets. This requirement is implemented by inspections conducted in accordance with PRO-390-779-SAF-INSP. (AC 5.7.2.4)
- F. Spark, heat, or flame-producing work **SHALL** be conducted in accordance with 1-W13-HSP-31.10, Hot Work. (AC 5.7.2.5)
- G. Noncombustible coatings **SHALL** be used for fixing radioactive contamination inside Zone I/IA enclosures, Zone I/IA/II ductwork, or filter plenums. Substitute coatings may be used if approved by FPE, Industrial Hygiene (IH), and Nuclear Safety. This requirement is implemented by the Integrated Work Control Program (IWCP). (AC 5.7.2.8)

Currently approved coatings, and their approved applications are:

- 3M FireDam Spray or 3M FireDam Spray over a flammable coating may be used for Zone I/IA enclosures, Zone I/IA/II ductwork, or filter plenums; and
 - A-B-C® Asbestos Binding Compound may be used in size reduction areas (inside and outside containments) for fixing contamination on gloveboxes, tent materials, and protective clothing. This material may be used as a spot fixative for controlling contamination released by size reduction activities (e.g., opening flanges, cutting); and
 - Encapsulation Technologies Glycerin Solutions (ETGS & ETGS2) may be used for "fogging" Zone I enclosures, Zone I/IA/II ductwork, filter plenums, or size reduction tents.
- H. Oxyacetylene and other flammable/explosive gases **SHALL** be in approved containers and **SHALL** meet the following restrictions. (AC 5.7.3.2)
 - a. Oxyacetylene and other flammable/explosive gases **SHALL** be analyzed and controlled on a case-by-case basis inside secondary confinement areas.
 - b. Oxyacetylene may be used in DUCT/PLENUM AREAS to cut and size reduce filter plenums if the following controls are implemented:
 - First and second stage HEPA filters **SHALL** be removed.
 - Plenum surfaces with TRU levels of contamination **SHALL** be coated with a fixative, except where necessary for cutting.
 - I. Transient combustibles not needed for ongoing activities **SHALL** be managed to prevent unnecessary accumulation. (AC 5.7.3.3)

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- J. Storage of flammable liquids is prohibited in all storage or staging areas of TRU or TRU-mixed wastes. (AC 5.7.3.4)
- K. Unnecessary transient combustibles (not needed for an ongoing activities) **SHALL NOT** be stored in Room 127, Room 142, Building 729, or Building 782. (AC 5.7.3.5)
- L. Weekly inspections **SHALL** be conducted in secondary confinement areas (i.e., 779, 779-A, and 779-B) and filter plenum areas (i.e., Rms 127 and 142, Bldgs 729 and 782) to verify compliance with combustible controls. (AC 5.7.4.1)
- M. Monthly inspections **SHALL** be conducted on the balance of Building 779 to verify compliance with combustibles controls. (AC 5.7.4.2)
- N. No more than three wooden waste crates **SHALL** be located in any single room in the secondary confinement area. (AC 5.4.3.4 as modified by FPE Guidance)
- O. Periodic (monthly) inspections **SHALL** be conducted to visually check for potential shorts in and around electrical equipment located in waste storing and staging areas. This visual inspection includes looking at, but **NOT** touching, electrical cables, components, light fixtures, and electrical enclosures. (AC 5.10.2.4)
- P. Weekly inspections of OPERATIONALLY CLEAN areas, as designed by the CCA on Appendix 1C, **SHALL** be conducted to verify the following (AC 5.7.4.3):
- No individual components (e.g., GBs, B-Boxes, Hoods or contaminated ductwork) are present
 - No radioactive waste is stored or staged in the AFFECTED AREA.
 - No unnecessary combustibles are present.
- Q. Storage of waste drums should be arranged such that a minimum separation distance of 5 ft is maintained between waste drums and waste crates and/or any transient combustible materials stored in the same room or area.

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3.2 Size Reduction Room Combustible Material Controls (AC 5.7.3.1.a)

NOTE: *These controls ensure that combustible material inventories and configurations in size reduction rooms are consistent with the assumptions in the 779 Cluster Basis for Interim Operation. Additional guidance resulting from completion of FHA-779-003, Revision 0, Building 779 Complex Fire Hazards Analysis (FHA) or FPE reviews will be incorporated.*

- A. No more than three wooden LLW crates **SHALL** be located in each size reduction room.
- B. No more than one wooden LLW crate located in a size reduction room **SHALL** contain a combustible item description code (IDC) (e.g., plastic, paper, or rubber)
- C. Fuel packages (defined in Section 4.0) **SHALL** be separated from each other by a minimum distance of 15 feet in size reduction rooms in Building 779; or they **SHALL** be separated from each other by a minimum of 8 feet in size reduction areas in other buildings.
- D. Size reduction rooms **SHALL** be arranged to provide reasonable separation between fuel packages, components staged for size reduction, and combustible supplies (e.g., plastic sheeting).
- E. Consumable supplies (e.g., plastic sheeting) and other transient combustibles that are not needed for immediate use **SHALL NOT** be stored in size reduction rooms.
- F. Each size reduction room **SHALL** contain at least 2 one-quart containers of magnesium oxide. One container **SHALL** be inside the size reduction tent. (DVT-005-99)
- G. Size reduction operations **SHALL** not be allowed in areas with sprinkler deficiencies or impairments. (FHA)

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3.3 **Combustible Material Controls for Areas with Permanent Sprinkler Deficiencies (AC 5.7.2.6)**

- A. Permanent sprinkler system deficiencies or impairments (e.g., spray pattern obstructions, false ceiling tiles removed, piping or sprinklers isolated/removed) **SHALL** be identified during preparation of work packages, fire prevention inspections, walkdowns, FHA reviews, and from FPE guidance. The deficiencies **SHALL** be listed on the Sprinkler Deficiency Status Board. Sprinkler impairments are managed in accordance with 1-N20-HSP-34.01, Fire Protection Systems Impairments and Deficiencies. The Sprinkler Deficiency Status Board, and FPE approval of the entries on this Status Board, constitutes the controlled and tracked listings of sprinkler system deficiencies or impairments (AC 5.7.2.6.a).
- B. The area affected by each permanent sprinkler system deficiency or impairment (area where combustible materials must be controlled in order to not challenge the sprinkler system) **SHALL** be identified and designated by floor or wall markings (AC 5.7.2.6.b).
- C. Weekly inspections **SHALL** be conducted to verify the following (AC 5.7.2.6.d):
- Transient combustible materials **SHALL NOT** be stored in areas affected by permanent sprinkler system deficiencies or impairments.
 - Radioactive waste containers **SHALL NOT** be stored in areas affected by permanent sprinkler system deficiencies or impairments.
 - The inside surfaces of gloveboxes that are located in areas affected by permanent sprinkler system deficiencies or impairments **SHALL** be coated with a noncombustible fixative coating.

Weekly inspections **SHALL** use Appendix 3, in conjunction with the Sprinkler Deficiency Status Board. The list of deficiencies from the Status Board **SHALL** be written into or appended to Appendix 3.

- D. Ceiling tiles may be permanently removed (rendering the sprinklers INOPERABLE) provided that (AC 5.7.6.2.c):
- Only combustibles necessary to perform the work during work activities **SHALL** be allowed in the AFFECTED AREA, and
 - The storage of radiological material and combustibles **SHALL** be prohibited in the AFFECTED AREA.

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3.4 Combustible Material Controls for Areas with Periphery Containment Barrier Deficiencies. (6.0 Design Features)

- A. Periphery containment barrier deficiencies (e.g., non fire-rated doors, inadequate wall construction, inadequate penetration seals) **SHALL** be identified during preparation of work packages, fire prevention inspections, walkdowns, FHA reviews, and from FPE guidance. The deficiencies **SHALL** be listed in Appendix 4.
- B. The area affected by each periphery containment deficiency (area where combustible materials must be controlled in order to not challenge the periphery containment barriers) **SHALL** be identified and designated by floor markings, or door or wall postings.
- C. Weekly inspections **SHALL** be conducted to verify the following:
 - Transient combustible materials **SHALL NOT** be stored in areas affected by periphery containment barrier deficiencies. (Fire Protection Engineering Guidance)
 - In storage/locker areas {i.e., Rm 120, Rm 163, Rm 119 (corridor)}, transient combustible materials **SHALL** be stored inside lockers. (Fire Protection Engineering Guidance)

Exception: Bump caps, hard hats, modesty clothing, and towels may be stored in bins, or fire-retardant treated racks, carts, as needed. Storage areas will be changed as necessary to support D&D activities.

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4.0 DEFINITIONS

Fuel Packages. An amount of combustible materials that has the potential for generating a significant amount of heat and/or flames and requires special handling. The following are examples of a fuel package:

- A. Two full or empty wooden LLW crates (4 ft X 4 ft X 7 ft)
- B. One size reduction tent or one size reduction tent in conjunction with one crate containing combustible materials. The crate containing combustibles may be wood or metal and may be located next to or inside the tent.
- C. 50 ft³ of plastic material
- D. Five polyethylene drum liners

Any similar material of equivalent size, for example lumber or items made of wood containing the equivalent amount of wood as two full or empty wooden LLW crates or plastic materials with the equivalent volume of five polyethylene drum liners.

5.0 DIRECTIONS, INSTRUCTIONS, AND INFORMATION

NOTE: *For each appendix, all rooms listed must be completely filled out, as the criteria listed in each appendix is unique. However, for rooms undergoing demolition, N/A may be entered into the appendix.*

Fire Safety Officer or Designee

- [1] Weekly, inspect size reduction rooms to verify compliance with combustibles controls using Appendix 1A. The rooms listed may be marked N/A if there is no size reduction on-going. Rooms being used for size reduction may be added by the CCA.
- [2] Weekly, inspect secondary confinement areas and filter plenum areas to verify compliance with combustibles controls using Appendix 1B. The inspection may be N/A'd for rooms undergoing demolition.

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- [3] Weekly, inspect OPERATIONALLY CLEAN areas to verify compliance with combustibles controls using Appendix 1C. The list of OPERATIONALLY CLEAN areas **SHALL** be derived from the OPERATIONALLY CLEAN Status Board in the CCA's office.
- [4] Monthly, inspect the facility (i.e., secondary confinement areas, filter plenum areas, and balance of building 779) to verify compliance with combustible controls using Appendix 2. The inspection may be N/A's for rooms undergoing demolition.
- [5] Weekly, inspect areas affected by sprinkler system deficiencies or impairments to verify compliance with combustibles controls using Appendix 3. The inspection may be N/A'd for rooms undergoing demolition.
- [6] Weekly, inspect areas affected by periphery containment barrier deficiencies to verify compliance with combustibles controls using Appendix 4. The inspection may be N/A'd for rooms undergoing demolition.

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6.0 POST-PERFORMANCE ACTIVITY

6.1 Required Actions

The CCA **SHALL** be immediately notified if any unsatisfactory condition is discovered with respect to these controls, and the condition **SHALL** be corrected by the close of next working day or as directed by FPE and/or the Fire Bureau in accordance with 1-H07-HSP-31.06.

6.2 Disposition

The following are Quality Assurance (QA) records generated by the performance of this Operations Order:

- Appendix 1A
- Appendix 1B
- Appendix 1C
- Appendix 2
- Appendix 3
- Appendix 4

Fire Safety Officer or Designee

- [1] Check (✓) the appropriate box on the applicable appendices to indicate if the deficiencies have been identified and submitted in accordance with MAN-071-IWCP, Integrated Work Control Program Manual, if appropriate.
- [2] Document the performance of this Operations Order by signing on the applicable appendices.
- [3] Forward the applicable appendices and associated Work Control forms to the CCA.

CCA

- [4] Check (✓) YES or NO on the applicable appendices (except Appendix 1C) to indicate whether the combustible control requirements were met. Check (✓) YES or NO on Appendix 1C to indicate whether the OPERATIONALLY CLEAN requirements were met.

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- [5] **IF** the combustible control or "OPERATIONALLY CLEAN" requirements were **NOT** met,
THEN:

[A] Check (✓) YES, NO, or N/A on the applicable appendices to indicate whether corrective actions in accordance with the Administrative Controls (AC) General Application, were initiated, in accordance with OO-779-163, TSR Compliance Program.

[B] Provide details in the Comments section.

- [6] Document completion of this Operations Order by signing the applicable appendices and the Compliance Tracking Form.
- [7] Disposition the applicable appendices in accordance with 1-V41-RM-001, Records Management Guidance for Records Sources.
- [8] Process the compliance Tracking Form in accordance with MAN-066-COOP, Site Conduct of Operations Manual.

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7.0 REFERENCES

DVT-005-99, Closure of Fire Hazards Analysis Recommendation

FHA-779-003, Revision 0, Building 779 Complex Fire Hazards Analysis

MAN-066-COOP, Site Conduct of Operations Manual

MAN-071-IWCP, Integrated Work Control Program Manual

OO-779-157, Inventory and Material Management Controls for Building 779 D&D Activities

OO-779-163, TSR Compliance Program

1-H06-HSP-32.02, Flammable and Combustible Liquids in Storage Cabinets

1-H07-HSP-31.06, Fire Prevention Inspections

1-V41-RM-001, Records Management Guidance for Records Sources

1-V60-HSP-34.06, Compensatory Measures and Fire Watches

1-W13-HSP-31.10, Hot Work

1-X93-HSP-31.04, Controlling Introduction of Combustibles

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APPENDIX 1A

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Weekly Size Reduction Room Combustible Control Checklist

Inspection Date: _____

By: _____

ROOM	No more than 3 wooden LLW crates in each size reduction room		No more than 1 wooden LLW crate contains combustible IDC		Fuel packages (defined in 4.0) separated by a minimum of 15 ft in rooms for Bldg 779 and 8 ft in rooms for other buildings		Components staged for size reduction and combustible supplies are arranged to provide reasonable separation from each other		No unnecessary transient combustible materials/supplies	
	3.2 A		3.2 B		3.2 C		3.2 D		3.2 E	
	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
142	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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APPENDIX 1A

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Weekly Size Reduction Room Combustible Control Checklist

Inspection Date: _____ By: _____

ROOM	Each size reduction room contains ≥ 2 one-quart containers of magnesium oxide with one container inside the size reduction tent		No size reduction operations in areas with sprinkler deficiencies or impairments	
	3.2 F		3.2 G	
	Sat	Unsat	Sat	Unsat
142	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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6.2[1] ☐ Deficiencies identified and submitted in accordance with MAN-071-IWCP, if appropriate.

☐ No deficiencies

6.2[2] Completed By:

_____/_____/_____
Fire Safety Officer or Designee Print Sign Date

6.2[4] Combustible control requirements were met? ☐ YES ☐ NO

6.2[5][A] If the combustible control requirements were not met,
were corrective actions initiated? ☐ YES ☐ NO ☐ N/A

Comments: _____

6.2[6] Reviewed By:

_____/_____/_____
CCA Print Sign Date

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APPENDIX 1B

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**Weekly Secondary Confinement Area and Filter Plenum Area
Combustible Control Checklist**

Inspection Date: _____ By: _____

Plenum Area or Room	No unnecessary transient combustible s		Combustible consumable materials properly stored		No flammable liquids in areas with TRU or TRU-mixed waste containers		No more than 3 wooden LLW crates stored in a single room		Oxyacetylene & flammable or explosive gases evaluated if present		> 5 ft should be maintained between waste drums and waste crates and/or any transient combustible materials stored in the same room or area	
	3.1 I, K Sat	Unsat	3.1 D Sat	Unsat	3.1 J Sat	Unsat	3.1 N Sat	Unsat	3.1 H Sat	Unsat	3.1 Q Sat	Unsat
127 Plenum Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A (Waste not allowed)		N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142 Plenum Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A (Waste not allowed)		N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
782 Plenum Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A (Waste not allowed)		N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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134	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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APPENDIX 1B

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**Weekly Secondary Confinement Area and Filter Plenum Area
Combustible Control Checklist**

Inspection Date: _____ By: _____

Plenum Area or Room	No unnecessary transient combustible s		Combustible consumable materials properly stored		No flammable liquids in areas with TRU or TRU-mixed waste containers		No more than 3 wooden LLW crates stored in a single room		Oxyacetylene & flammable or explosive gases evaluated if present		> 5 ft should be maintained between waste drums and waste crates and/or any transient combustible materials stored in the same room or area	
	3.1 I, K		3.1 D		3.1 J		3.1 N		3.1 H		3.1 Q	
	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
135	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
137	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
141A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
141B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
141C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
145	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
146	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
147	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
153	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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153A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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APPENDIX 1B

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**Weekly Secondary Confinement Area and Filter Plenum Area
Combustible Control Checklist**

Inspection Date: _____ By: _____

Plenum Area or Room	No unnecessary transient combustible s		Combustible consumable materials properly stored		No flammable liquids in areas with TRU or TRU-mixed waste containers		No more than 3 wooden LLW crates stored in a single room		Oxyacetylene & flammable or explosive gases evaluated if present		> 5 ft should be maintained between waste drums and waste crates and/or any transient combustible materials stored in the same room or area	
	3.1 I, K		3.1 D		3.1 J		3.1 N		3.1 H		3.1 Q	
	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
154	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
164	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
215	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
216	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
217	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
218	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
219	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
220	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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221	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
221A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Weekly Secondary Confinement Area and Filter Plenum Area
Combustible Control Checklist**

Inspection Date: _____ By: _____

Plenum Area or Room	No unnecessary transient combustible s		Combustible consumable materials properly stored		No flammable liquids in areas with TRU or TRU-mixed waste containers		No more than 3 wooden LLW crates stored in a single room		Oxyacetylene & flammable or explosive gases evaluated if present		> 5 ft should be maintained between waste drums and waste crates and/or any transient combustible materials stored in the same room or area	
	3.1 I, K		3.1 D		3.1 J		3.1 N		3.1 H		3.1 Q	
	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
221B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
221C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
222	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
222A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
223	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
224	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
225	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
226	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
228	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
229	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
230	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
231	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
233	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
234	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
234A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
234B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
235	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
270	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
271	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
272	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
273	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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274	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
275	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
277	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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APPENDIX 1B

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**Weekly Secondary Confinement Area and Filter Plenum Area
Combustible Control Checklist**

6.2[1] ☐ Deficiencies identified and submitted in accordance with MAN-071-IWCP, if appropriate.

☐ No deficiencies

6.2[2] Completed By:

_____/_____
Fire Safety Officer or Designee Print Sign Date

6.2[4] Combustible control requirements were met? ☐ YES ☐ NO

6.2[5][A] If the combustible control requirements were not met,
were corrective actions initiated? ☐ YES ☐ NO ☐ N/A

Comments: _____

6.2[6] Reviewed By:

_____/_____
CCA Print Sign Date

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**Weekly OPERATIONALLY CLEAN Area
Combustible Control Checklist**

Inspection Date: _____ By: _____

SCA Room or Duct/Plenum Area	No radioactive waste is stored or staged		No unnecessary combustibles are present		No individual components (e.g., GBs, B-Boxes, Hoods, or contaminated ductwork) are present	
	Sat	Uns	Sat	Uns	Sat	Uns
B779 Rm 170	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 171	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 172	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 270	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 271	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 272	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 145	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 146	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 147	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 149	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 151	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 152	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 153	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 153A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 153B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 154	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 155	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 156	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 157	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 159	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 160A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 161	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Weekly OPERATIONALLY CLEAN Area
Combustible Control Checklist**

Inspection Date: _____ By: _____

SCA Room or Duct/Plenum Area	No radioactive waste is stored or staged 3.1 P		No unnecessary combustibles are present 3.1 P		No individual components (e.g., GBs, B-Boxes, Hoods, or contaminated ductwork) are present 3.1.P	
	Sat	Unsat	Sat	Unsat	Sat	Unsat
B779 Rm 163	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 237	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Duct Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Tower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B779 Rm 127	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2[1] ☐ Deficiencies identified and submitted in accordance with MAN-071-IWCP, if appropriate.

☐ No deficiencies

6.2[2] Completed By: _____

Fire Safety Officer or Designee Print

Sign

Date

6.2[4] OPERATIONALLY CLEAN requirements were met? ☐ YES ☐ NO

6.2[5][A] If the "OPERATIONALLY CLEAN" requirements
were not met, were corrective actions initiated? ☐ N/A ☐ YES ☐ NO

Comments: _____

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6.2[6] Reviewed By:

CCA

Print

Sign

Date

APPENDIX 2

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MONTHLY COMBUSTIBLE CONTROL CHECKLIST

Date Inspection Done: _____ By: _____

ROOM OR BLDG.	Inspected in accordance with HSP-31.06		Combustible consumable materials stored properly		Visually inspected for potential electrical shorts		> 5 ft SHALL be maintained between waste drums and waste crates and/or any transient combustible materials stored in the same room or area		Partitions, furniture, book- cases, shelves in SCAs are non- combustibles	
	3.1 A		3.1.D		3.1 O		3.1 Q		3.1 C	
	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
001	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
101A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
103A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
103B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
106	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
109	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
110A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
113	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
114	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
115	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

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115A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
116	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
116A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
116B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
117	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

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ROOM OR BLDG.	Inspected in accordance with HSP-31.06		Combustible consumable materials stored properly		Visually inspected for potential electrical shorts		> 5 ft SHALL be maintained between waste drums and waste crates and/or any transient combustible materials stored in the same room or area		Partitions, furniture, book- cases, shelves in SCAs are non- combustibles	
	3.1 A Sat	3.1 A Unsat	3.1.D Sat	3.1.D Unsat	3.1 O Sat	3.1 O Unsat	3.1 Q Sat	3.1 Q Unsat	3.1 C Sat	3.1 C Unsat
118	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
121A/B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
122	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
123	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ROOM OR BLDG.	Inspected in accordance with HSP-31.06		Combustible consumable materials stored properly		Visually inspected for potential electrical shorts		> 5 ft SHALL be maintained between waste drums and waste crates and/or any transient combustible materials stored in the same room or area		Partitions, furniture, book- cases, shelves in SCAs are non- combustibles	
	3.1 A		3.1.D		3.1 O		3.1 Q		3.1 C	
	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
139	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140A	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
140B	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141A	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141B	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141C	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160A	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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162	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
-----	--------------------------	--------------------------	-----	--------------------------	--------------------------	--------------------------	--------------------------	-----

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	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
163	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163A	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
164	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
166	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
167A	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
170	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
201A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
201B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	
202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
202A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
204	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
204A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
204B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
205	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
206	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

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207	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
207A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
207B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

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	3.1 A		3.1.D		3.1 O		3.1 Q		3.1 C	
	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
207C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
208	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
209	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A
210	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
210A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
211	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A
212	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
212A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
213	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
214	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
215	<input type="checkbox"/>	<input type="checkbox"/>		N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
216	<input checked="" type="checkbox"/>	<input type="checkbox"/>		N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
217	<input type="checkbox"/>	<input type="checkbox"/>		N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
218	<input type="checkbox"/>	<input type="checkbox"/>		N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
219	<input type="checkbox"/>	<input checked="" type="checkbox"/>		N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
220	<input type="checkbox"/>	<input type="checkbox"/>		N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
221	<input type="checkbox"/>	<input type="checkbox"/>		N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
221A	<input type="checkbox"/>	<input type="checkbox"/>		N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
221B	<input type="checkbox"/>	<input type="checkbox"/>		N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
221C	<input type="checkbox"/>	<input type="checkbox"/>		N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
222	<input type="checkbox"/>	<input type="checkbox"/>		N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
222A	<input type="checkbox"/>	<input type="checkbox"/>		N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	3.1 A Sat	Unsat	3.1.D Sat	Unsat	3.1 O Sat	Unsat	3.1 Q Sat	Unsat	3.1 C Sat	Unsat
223	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
224	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
225	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
226	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
228	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
229	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
230	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
231	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
232	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
233	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
234	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
234A	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
234B	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
235	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
270	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
271	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
272	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
273	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
274	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
275	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
277	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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MONTHLY COMBUSTIBLE CONTROL CHECKLIST

Date Inspection Done: _____ By: _____

ROOM OR BLDG.	Inspected in accordance with HSP-31.06		Combustible consumable materials stored properly		Visually inspected for potential electrical shorts		> 5 ft SHALL be maintained between waste drums and waste crates and/or any transient combustible materials stored in the same room or area		Partitions, furniture, book- cases, shelves in SCAs are non- combustibles	
	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
A-ANNEX	N/A		N/A		N/A		N/A		N/A	
147	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldg 782	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	
Bldg 783	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Bldg 727	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Dock Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
780A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
780B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	

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6.2[1] ☐ Deficiencies identified and submitted in accordance with MAN-071-IWCP, if appropriate.

☐ No deficiencies

6.2[2] Completed By:

Fire Safety Officer or Designee Print Sign

Date

6.2[4] Combustible control requirements were met?

☐ YES ☐ NO

6.2[5][A] If the combustible control requirements were not met,
were corrective actions initiated?

☐ YES ☐ NO ☐ N/A

Comments: _____

6.2[6] Reviewed By:

CCA

Print

Sign

Date

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**Weekly Sprinkler Deficiency Area
Combustible Control Checklist**

Date Inspection Done: _____ By: _____

Areas Affected by Sprinkler Impairments	No combustibles located in areas affected by permanent sprinkler deficiencies (designated by floor or wall markings)* 3.3 B		No radioactive waste containers stored in areas affected by permanent sprinkler deficiencies 3.3 C		Inside surfaces of gloveboxes located in areas affected by permanent sprinkler deficiencies are coated with noncombustible fixative. 3.3 C		No unnecessary combustible material or radiological material stored in areas where ceiling tiles are permanently removed. 3.3 D	
	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
Rm 119, West End	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 142, S.E. FP405	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 273-277	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 216 (corridor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 104A/104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 140B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 217 S.W. corner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 237	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 201/201A/201B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 122	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 134	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 135	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 138	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 202/202A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 204/204A/204B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 205	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 206	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Rm 207/207A/207B/207C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 208	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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**Weekly Sprinkler Deficiency Area
Combustible Control Checklist**

Date Inspection Done: _____ By: _____

Areas Affected by Sprinkler Impairments	No combustibles located in areas affected by permanent sprinkler deficiencies (designated by floor or wall markings)*		No radioactive waste containers stored in areas affected by permanent sprinkler deficiencies		Inside surfaces of gloveboxes located in areas affected by permanent sprinkler deficiencies are coated with noncombustible fixative.		No unnecessary combustible material or radiological material stored in areas were ceiling tiles are permanently removed.	
	3.3 B		3.3 C		3.3 C		3.3 D	
	Sat	Unsat	Sat	Unsat	Sat	Unsat	Sat	Unsat
Rm 209	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 214	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 219	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 223	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 225	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 271	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rm 229	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 230	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 231	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rm 232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rm 233	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 235	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A-Annex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rm 147	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rm 149 (A-Annex corridor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 153/153A/153B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rm 155	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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6.2[1] ☐ Deficiencies identified and submitted in accordance with MAN-071-IWCP, if appropriate.

☐ No deficiencies

6.2[2] Completed By:

_____/_____/_____
Fire Safety Officer Print Sign Date

6.2[4] Combustible control requirements were met? ☐ YES ☐ NO

6.2[5][A] If the combustible control requirements were not met, were corrective actions initiated? ☐ YES ☐ NO ☐ N/A

Comments: _____

Number: OO-779-153
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CCA _____ / _____ / _____
Print Sign Date

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APPENDIX 4

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**Weekly Periphery Containment Deficiency Area
Combustible Control Checklist**

Date Inspection Done: _____ By: _____

Areas Affected by Periphery Containment Deficiencies	No combustibles located in areas affected by periphery containment deficiencies (designated by floor markings, door postings, or wall postings) 3.4 B		In storage/locker areas (i.e., Rm 120, Rm 163), all combustibles inside lockers. Exception: Bump caps may be stored on hangers. 3.4 C	
	Sat	Unsat	Sat	Unsat
Area around 779 airlock doors at east end of Hall 119 (Rm 121B, Rm 120, and hall up to Col. 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area around 779-A airlock doors at east end of Hall 149 (Rm 163 and hall up to Col. 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hall 237 leading to 779-A	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

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**Weekly Periphery Containment Deficiency Area
Combustible Control Checklist**

6.2[1] ☐ Deficiencies identified and submitted in accordance with MAN-071-IWCP, if appropriate.

☐ No deficiencies

6.2[2] Completed By:

_____/_____/_____
Fire Safety Officer or Designee Print Sign Date

6.2[4] Combustible control requirements were met? ☐ YES ☐ NO

6.2[5][A] If the combustible control requirements were not met,
were corrective actions initiated? ☐ YES ☐ NO ☐ N/A

Comments: _____

6.2[6] Reviewed By:

_____/_____/_____
CCA Print Sign Date

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CONCURRENCE

/s/ M. Zachary 10/05/99
INDUSTRIAL HYGIENE & SAFETY Date

/s/ J. Hamrick 10/12/99
TECHNICAL SUPPORT MANAGER Date

/s/ R. Cronin 10/04/99
NUCLEAR SAFETY Date

/s/ M. Starck 10/05/99
ENGINEERING Date

N/A
NUCLEAR MATERIALS SAFEGUARDS Date

N/A
TRAFFIC MANAGEMENT Date

/s/ T. Hergert 10/04/99
FIRE SAFETY OFFICER Date

/s/ D. Tomecek 10/05/99
FIRE PROTECTION ENGINEERING Date

PLANT REVIEW COMMITTEE Date

Rocky Flats Deficiency / Commitment Tracking System
CAP Identification Form

PATR_CMID

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Date: 10/19/1999 07:15 AM

IDENTIFICATION

PATS Identification No: 1999-001691
Plan No: 01

Identification Date: 10/18/1999 Entry Date: 10/18/1999
Location(Bldg): 779 Specific(Room,etc):
Short Desc (Plan Title): 779 DEMOLITION PRE-MR FINDING ON OPERATIONS ORDER, OO-779-153
Detailed Desc (Plan): combustible control inspections for the B779 Complex as delineated by OO-779-153 do not directly correspond to status of the facility. The procedure needs to be changed to reflect actual facility status and procedural activities performed due to status.
Requirement: KH Requirement ID: POLICY OR PROCEDURE
Requirement Desc: MAN-066-COOP-, Chapter 5.C
Audit/Assessment Title: RMRS B779 Demolition Pre-MR
Ident Process Code(Origin): SELF
Reference ID: FY00-008-RMRS

IDENTIFIER

Identifier Signature: _____ Signature Date: 10/18/1999
Name: DUANE SNYDER Emp #: _____ Ext: _____ Org: CIPR6100

RESPONSIBLE MANAGER

Responsible Manager's Signature: Thomas Dieter Signature Date: 10/26/99
Name: THOMAS DIETER Emp #: _____ Ext: _____ Org: CIPR3200
☒ Deficiency Accepted ☐ Deficiency Invalid ☐ Incorrect Manager/Department

CHARACTERIZATION

Significance Level: High Low Category: D Class: Health & Safety
Generic Implications: None
Cause: Procedures Causal Factor:
Compensatory Measures:

ACTION PLAN TYPE

(Choose only one):

(1) Actions Taken: _____ Completion Date: _____
(2) Actions to be Taken: Revis 00-779-153 Due Date: 11/5/99
(3) Complex Action required: _____ Plan Due Date: _____
TBD Reason:

PLAN MANAGER (If different than Responsible Manager)

Plan Manager's Signature: JC Hamrick Signature Date: 10/19/99
Name: JC Hamrick Emp #: _____ Ext: 6812 Org: 779 Closure

RESPONSIBLE MANAGER'S COORDINATOR

Name: _____ Emp #: _____ Ext: _____ Org: _____

COMMENTS:

Characterization Information Entered

64
RECEIVED
R11/10/99 D

SIGNIFICANCE SCREEN

Significance of the deficiency is determined by estimating its impact, if **not corrected**, on: workers or public health & safety; the environment; protection of the site; planned or scheduled site activity; regulatory or customer compliance stature; or contract and performance incentive.

Instructions for completing the Significance Screen:

PATS Identification No. 1999-001691

1. Select and circle the consequences of occurrence of the deficiency from the table below.

CONSEQUENCES	DEFINITIONS
Catastrophic	Death; loss of entire system; loss of facility or plant; loss of SNM; offsite environmental damage; regulatory intervention with stoppage of work.
Critical	Permanent disability or health damage; onsite environmental damage; significant breach of security; loss of use of system or facility for ≥ 3 months; regulatory fines or punitive action within a program or operation; total loss of performance incentives.
Important	Injury requiring hospitalization or emergency room treatment; partial loss of use of system or facility; immediately detected and recoverable onsite environmental damage; regulatory attention heightened; compromise of classified material; impacts on performance incentives.
<u>Minimal</u>	Minor injury; minor system or process damage; environmental threat or minimal damage; noncompliance items with low potential of regulatory impact; security infractions; potential impact on performance incentives.

2. Select and circle the likelihood of recurrence of the deficiency, if not corrected, from the table below.

LIKELIHOOD	DEFINITION
Probable (Within 1 year)	Condition exists or is expected to occur; barriers are expected to fail; same or similar failure likely to occur often during the life of a facility, operation, or activity.
<u>Possible</u> (Within 3 years)	Condition can be expected to exist; barriers can be expected to fail; similar failure can be expected - likely to occur several times in the life of a facility, operation, or activity.
Potential (Within 10 years)	Condition could exist; barriers could fail; similar failure could occur - likely to occur at least once in the life of a facility, operation, or activity.
Improbable (> 10 years)	Condition could occur, but remote; barrier failure could occur, but remote; similar failure could occur, but remote - not likely to occur in the life of a facility, operation, or activity.

3. Using the likelihood and consequences selected from the charts above, determine from the chart below the significance of the deficiency and record it in the space provided below.

LIKELIHOOD	CONSEQUENCES			
	Catastrophic	Critical	Important	<u>Minimal</u>
Probable	H	H	H	L
<u>Possible</u>	H	H	L	<u>NR</u>
Potential	H	L	L	NR
Improbable	L	NR	NR	NR

H = High significance L = Low significance NR = Minor

Significance	Tracking Requirements
High	SHALL be tracked in PATS
Low	SHALL be tracked in PATS or other approved tracking system as listed in Appendix 1
Minor (NR)	Optional, not required to be tracked (Non-Recordable); may be tracked at Management's discretion

4. Record the significance of the deficiency in the space provided and in space 14 of the CAP Identification Form.

Significance Level Minor (NR)

5. Forward the completed significance screen to CA/PATS, Building T130G.

6. Refer to Appendix 6 for the corrective action elements required based on the significance level.

Responsible Manager/signature JCHamrick Date: 10/19/99

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APPENDIX B

PAAA APPLICABILITY SCREEN

Reference Data:

Issue Date and Time: 10/18/99

Issue Area of Concern: Management Review Finding

Occurrence Report No.: NA

Screen Number: NA

Issue Location: 779 Cluster Closure

Issue Source: RMRS Pre-Management Review

Other Reference No.: NA

PATS: 1999-001691

Issue Description:

Applicability Screen:

A. Did this issue occur in a nuclear facility or involve a nuclear activity?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

B. Does the issue represent a potential noncompliance with a Nuclear Safety Rule or Nuclear Safety Rule Implementation Plan Requirement? (See Appendix C for Guidance Questions)

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

Rule/IP Reference:

C. If the issue is non-nuclear, should it be evaluated for potential affect on a nuclear facility or activity?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

If Yes, Reason:

If the answer to A.&B. or C. is "Yes", the issue Shall be tracked (at a minimum) as a minor noncompliance and an evaluation completed for NTS reportability. (see Appendix D).

If the answer to A.&B. or C. is "No", end the screening evaluation process.

Screened by: JPH VC Hamrick

Date: 10/26/99

APPENDIX C

GUIDANCE TO DETERMINE POTENTIAL APPLICABILITY AS A PRICE-ANDERSON NUCLEAR SAFETY REQUIREMENT NONCOMPLIANCE

PA Nuclear Safety Requirements

- | | |
|---|---------------------------------|
| 1) Nuclear Safety Rules | 4) DOE-issued Compliance Orders |
| 2) DOE-approved RFETS Programs for Nuclear Safety Rule requirements | 5) TSR's (RFETS) |
| 3) DOE-approved Implementation Plans for RFETS Nuclear Safety Rules | 6) OSR's (RFETS) |

Guidance Questions

DOES THE ISSUE;

Violate a specific requirement of a PA Rule?

Involve a missed commitment for a specific PA Rule?

Involve a Radiological event with personnel exposures, Radiological contamination, or radiological release?

Involve a failure to comply with an existing procedure, or work package in nuclear activity, or facility?

Involve inadequate programs or procedures used in nuclear facilities or nuclear activities?

Involve a failure to comply with the authorization basis or MAL requirements of a nuclear activity?

Involve a failure to comply with defined requirements in Activity Based Planning for a nuclear activity?

Involve a failure to maintain the safety envelope of a nuclear facility or a nuclear activity?

Involve a deficiency with personnel qualification and training for performing a nuclear activity?

Involve a design deficiency of System Category 1,2,or3, SSC's.?

Involve a failure to properly procure equipment designed for System Category 1,2, or 3 SSC's?

Involve a failure to properly inspect or test System Category 1,2, or 3 equipment?

Involve a failure to implement a corrective action process for noncompliance in a nuclear activity?

Involve a failure to implement a document and records process for nuclear activities?

Involve a failure to implement and maintain a Quality Assurance program for nuclear activities?

Involve Inadequate management or independent assessments with regard to nuclear activities?

Involve a reprisal of an employees protected by the DOE employee protection program?

Yes

No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the questions are answered "Yes," THEN: enter "Yes" on Appendix B, Question B.

APPENDIX D

Page 1 of 3

PAAA ISSUE EVALUATION

Reference Data:

Issue Date and Time: 10/18/99
Issue Area of Concern: Management Review Finding
Occurrence Report No.: NA

Screen Number: NA

Issue Location: B779 Cluster
Issue Source: Management Review for Demolition
Other Reference No.: NA
PATS: 1999-001691

Nuclear Safety Rule & Section:

Issue Description:

Combustible control inspections as delineated in OD-779-153
do not directly correspond to facility facility. Some rooms no longer
exist & procedure does not explicitly state to cease inspection
when demolition occurs.

Significance Evaluation:

Occurrence Report Category Criteria		Yes	No
Did the issue cause or contribute to an event documented in an Unusual Occurrence Report as designated below? (Circle Applicable Subgroup)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nature of Occurrence	Subgroup		
1. Facility Condition	A. Nuclear Criticality Safety B. Fires/Explosions C. Safety Status Degradation D. Loss of Control of Radioactive Material Contamination E. Vital/System Component Degradation F. Violation of/or Inadequate Procedures G. Unsatisfactory Sureveillance/Inspections H. Operations		
2. Environmental	A. Radionuclide Releases C. Hazardous Material contamination		
4. Personal Radiation Exposure	A. Personnel Radiation Exposure B. Personnel Contamination		

Administrative Action Failure Criteria	Yes	No
Does the issue include a failure to activate RFETS emergency action plan as the result of a noncompliance issue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the issue include a failure to complete a significant action as identified in a DOE approved PAAA IP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the issue include a failure to meet a Compliance Order?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the issue include a failure to identify or report to DOE an Unreviewed Safety Question (USQ)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

APPENDIX D

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PAAA ISSUE EVALUATION

Significance Evaluation (continued)

Programmatic or Management Deficiency Criteria	Yes	No
<p>Has the issue or a similar issue continued to occur, indicating the corrective action, including the root cause, has not been effective? i.e.:</p> <ul style="list-style-type: none">- Similar Nuclear Safety Rule noncompliances within the last 2 years?- If so, were there corrective actions intended to fix the problem, but did not prevent the last occurrence?- Corrective actions that were identified but never implemented?- Lack of adequate corrective actions?- Failed to perform self-assessments on the implemented corrective actions for adequacy?- failure to perform or lack of an adequate root cause analysis on a previous issue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Have several minor, related but not identical events/issues occurred, indicating a common breakdown in a program or area which contributed to a potential noncompliance?</p> <ul style="list-style-type: none">- The issue is associated with multiple minor, related, but not identical Nuclear safety Rule noncompliances within last 2 years.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Have multiple control failures within the boundaries of a single occurrence occurred indicating a common breakdown in a program or area of a program?</p> <ul style="list-style-type: none">- Did the Nuclear Safety Rule noncompliance happened at another facility within RFETS or at another complex facility and involve a lack of Lessons Learned Implementation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Did the potential noncompliance involve a significant breakdown in management processes or actions?</p> <ul style="list-style-type: none">- Does the issue involve a lack of recognition or potential significance of Nuclear Safety Rule noncompliance or appropriate corrective action and followup on the part of management?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Did the issue occur as the result of a willfull intentional act?</p> <ul style="list-style-type: none">- Does the issue involve a deliberate violation of a program, procedure, or formal work instruction used to satisfy a Nuclear Safety Rule requirement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Did the issue involve a misrepresentation (concealed facts, falsification of records/reports, or intentional reporting of inaccurate or incomplete information)?</p> <ul style="list-style-type: none">- Does the issue involve intentional concealing of facts to avoid identifying a Nuclear Safety Rule noncompliance?- Does the issue involve falsification of records or reports associated with an Nuclear Safety Rule noncompliance?- Does the issue involve reporting inaccurate or incomplete information for an NSR noncompliance in PATS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Has Senior Management determined this issue to be Significant?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Has DOE Management indicated that they believe this issue to be Significant?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above questions are answered "YES" the noncompliance Should be considered NTS reportable and recommended for reporting on the DOE Noncompliance Tracking System (NTS). A justification SHALL be documented describing the logic supporting the recommendation to report or not report.

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APPENDIX D

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PAAA ISSUE EVALUATION

Recommendation on Reportability	Yes	No
Should the issue be evaluated be reported?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Recommendation Justification:

The procedure was more conservative than necessary and since the CCAs conduct the surveillance & use status boards to control facility status they had the needed tools to ensure adequate & appropriate surveillance.

Evaluated by: JCHamrick (Print/ Sign) Org/Contractor: 779 Closure / RMRS Date: 10/28/99

Evaluator's Mgr.: TUDIEER (Print/ Sign) Org/Contractor: 779 CLOSURE / RMRS Date: 10/29/99

PA Programs Review: _____ (Print/ Sign) Date: _____

PA Steering Committee Review (Chair): _____ (Print/ Sign) Date: _____

Final Disposition			
Report to DOE on NTS	<input type="checkbox"/>	Track as a Minor Noncompliance	<input type="checkbox"/>

Approval to Report	<i>(N/A if Not Applicable)</i>
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K-H CEO/COO:	_____ (Print/ Sign)	Date: _____
SSOC President:	_____ (Print/ Sign)	Date: _____
RMRS President:	_____ (Print/ Sign)	Date: _____
DCI General Manager:	_____ (Print/ Sign)	Date: _____
WSLLC General Manager:	_____ (Print/ Sign)	Date: _____

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